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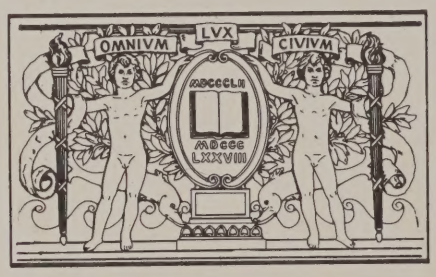

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OFFICE OF THE MAYOR

11-13-69

Mr. Carroll,
This arrived yesterday. Perhaps you also received a copy. If not, you may want to examine this.
Laura Reyes

October 1969

Dear Sir:

Mrs. Rosemary Whiting has asked us to send you a copy of this report which she prepared while she was a staff member of the Office of Public Service.

The report was completed some time ago, but has been delayed in its reproduction.

I hope that you will find the report informative and useful in thinking about programs to serve Boston's Spanish-speaking community.

Sincerely,

James M. Breay
Deputy Director

JMB:cf

AN OVERVIEW OF THE SPANISH-SPEAKING POPULATION IN BOSTON

Prepared by:

Mrs. Rosemary Whiting
Office of Public Service
August 1969

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AN OVERVIEW OF THE SPANISH-SPEAKING POPULATION IN BOSTON

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Introduction

The report attempts to present an overview of the Spanish-speaking community in Boston, bringing together many important facts and perceptions concerning the composition of that community and the problems encountered by the people within it. The report is the result of extensive interviewing by a member of the Office of Public Service staff. In compiling this document, Mrs. Rosemary Whiting held countless conversations with social agencies who serve Spanish-speaking people, with staff members in several government agencies, and with many leaders and individuals in the Spanish-speaking community throughout the City of Boston.

The report does not pretend to be a definitive document in its description of the range of problems encountered by Spanish-speaking people, nor in the possible solutions set forth. Rather, it is hoped that this discussion will focus the attention of people within the government and private agencies upon the needs of the Spanish-speaking community, and stimulate the search for appropriate responses.

Two areas of concern have been consciously omitted: a discussion of the various legal problems encountered by the Spanish-speaking; and a discussion of crime within the community, both directed at Spanish-speaking people and committed by them. These two topics are of sufficient complexity to require a report of equal length.

This report was prepared as a staff paper for use and discussion by members of the Office of Public Service. Because of the interest in the paper, it is now being made available to interested agencies; it is assumed that such agencies will not reproduce or publish this report in whole, or in part, without the permission of the Office of Public Service.

SPANISH-SPEAKING POPULATION

The Spanish-speaking population in Boston consists of somewhere between 12,000 and 28,000 Puerto Ricans, Cubans, Columbians, Bolivians, and people from Santo Domingo, Mexico, Costa Rica, etc. Of these, the largest number are Puerto Ricans; a sizeable proportion are Cubans; and the other groups are small. For this reason, and because they tend to have problems which affect the public services more than those of the other groups, this report will focus more on the Puerto Ricans than on the others.

Size of Population

Estimates of numbers of Spanish-speaking people in Boston vary widely. However, the general picture is as follows:

- Brighton-Allston -- 2,500 to 4,000 Cubans (Source: Cuban Refugee Center, APAC & Catholic Church)
- Jamaica Plain -- 3,000 to 5,000, mostly Cubans but include approximately one hundred Puerto Rican families (about 600 persons) (Source: Cuban Refugee Center & Conchita Rodriguez of Jamaica Plain APAC)
- South End -- 4,800 to 8,000 Puerto Ricans (Source: APCROSS, BRA, Cardinal Cushing Center & various others)
- Roxbury-North Dorchester -- 5,000 to 10,000 Puerto Ricans, Santo Domingans, etc. (Source: Sister Frances Georgia, Dennison House, Spanish storekeeper & Catholic Churces)
- South Boston -- 700 persons approximately, all Puerto Ricans, 110 families (Source: St. Augustine's Church)
- Columbia Point -- approximately 90 families, possibly 500 people (Source: Boston Housing Authority)

This seems to lead to a high estimate of 20,000 Puerto Ricans and 9,500 Cubans, and a low estimate of 12,000 Puerto Ricans and 5,500 Cubans. This is to say, possible totals are from almost 30,000 Spanish-speaking citizens in Boston to 17,500 at this time. The lower estimate appears to a statistical consultant to be the more probable one in view of the other figures produced by various agencies, particularly Public Welfare.

Rate of Increase

Statistics from the Cuban Refugee Center in Boston show that an average of 550 Cubans have passed through this office every year since 1961. It is known that not all Cubans enter Boston through the above

agency, which is sponsored by the Catholic Family Service. There are smaller agencies sponsored by other religious groups, and some Cubans come without assistance from any agency (often via Mexico or Spain). Also, some Cubans who register at the Boston Cuban Refugee Center are known subsequently to settle in other towns in Massachusetts. On the whole, however, it seems safe to estimate that the Cuban population of Boston is growing at the rate of 400 to 500 people per year. The Cuban Refugee Center, whose own statistics are carefully kept, estimates that there are 5,000 to 6,000 Cubans in Boston now.

Figures on the migration rates for Puerto Ricans are impossible to obtain directly since there is no requirement for Puerto Ricans to register when moving to Continental U.S.A., and the main Puerto Rican migration to Boston is believed to have occurred since the 1960 Census.

However, 45 percent of the families interviewed in the Summer Migrant Study conducted by ABCD in 1968 had arrived from Puerto Rico within the last three years. A BRA study in 1966-67 also showed that 47 percent of Puerto Rican relocatees had been in the City of Boston for less than three years. In addition, a study of new patients coming in to the Out-Patient Department of Boston City Hospital between Janauary and March of 1969 showed that of almost 200 who had been born in Puerto Rico most had been in Boston a relatively short time (average about 18 months). The statistical consultant felt that since obviously not all recently migrated Puerto Ricans turn up in the City Hospital Out-Patient Department, this would suggest an absolute minimum of 1,000 new Puerto Rican migrants per year in the last two years.

It seems therefore that the Spanish-speaking population of Boston is increasing by migration at the rate of approximately 1,500 persons per year at a minimum. The high birth rate of Puerto Ricans also means that the resident population is increasing rapidly, too -- more rapidly than other groups in the community.

The impact that this population has on the City's services will be determined to a considerable extent by the ages and family composition of the group.

Family Composition

The Cubans seem to be in small family units, and possibly in the majority of cases, arrive as single adults. Those who come through the Cuban Refugee Program are entitled to temporary Welfare payments for a few weeks while they get settled. Three hundred-and-two persons are listed by Boston Public Welfare as being served under this program in June 1968, including 69 families, for a total of 212 persons (3 persons/family & 134 one-person cases).

The family composition of Puerto Ricans is very different. Six studies give information on this subject (see Bibliography): The Summer Migrant Survey (South End 1968); the Child Population Census (South End 1968); the BRA report of the First 500 Families Relocated in the South End Urban Renewal Area (South End 1966); a study of 325 Puerto Rican

families from all over Boston who applied for Public Housing in 1968; a study by Sister Frances Georgia of 50 families with children in Public Schools in South Boston; and "Puerto Ricans in Transition," by Manuel Teruel.

Most studies indicate the following characteristics of Puerto Rican families:

-- Very few single-person households compared with other ethnic groups in the community.

-- Very few elderly, and those not living alone but in extended family groups.

-- Young parents are predominant as the majority of parents appear to be between 26 and 35 years of age.

-- Children are young at present, with more than one-third probably under the age of five, and three-quarters under the age of 12. Relatively few teenagers at the present time.

-- Very large families. Statistics on this varied to some extent since "families" were defined in different ways but all evidence showed that Puerto Ricans have larger families than other groups in the community. The statistical consultant thought that available evidence showed that the average Puerto Rican family has at least four children.

-- Puerto Ricans are predominantly Catholic. Over 80 percent in two surveys which asked this question.

-- The studies seemed to show that the Puerto Ricans in Boston have more male-headed families than other ethnic groups of low income.

The relatively large number of male-headed families may have important implications for agencies serving the Puerto Rican population. The male is not only the titular head of the household, but also the head in practice, in spite of the fact that he may not be the husband, since Common Law marriages are to some extent part of the culture. Puerto Rican fathers appear to take a warm interest in their children, and this strength may be utilized by agencies working with families.

Location in the City

The Spanish-speaking in Boston tend to cluster in certain areas, namely, South End, Roxbury-North Dorchester, Jamaica Plain, and Brighton-Allston, with smaller groups in South Boston and at Columbia Point. Cubans are concentrated mainly in Jamaica Plain and Allston-Brighton.

The South End is the oldest Puerto Rican settlement, but there seems to be some evidence that the group in Roxbury and North Dorchester may now be larger, and is growing faster.

The Spanish-speaking population is spread fairly widely throughout the whole of the South End but with a center of heavy concentration, sometimes as high as 80 percent on some blocks, between Tremont Street and Shamut Avenue, West Canton and Rutland Square.

The Puerto Rican group in Roxbury-North Dorchester follows Dudley Street from Dudley Station to Uphams Corner and spreads out slightly into the adjacent streets, particularly Magnolia Street. The direction of spread seems to be towards Dorchester.

The Puerto Rican group in Columbia Point lives of course totally in the Housing Project.

The group in South Boston lives about half in the "D" Street Housing Project, and half in adjacent streets.

In Jamaica Plain and the adjacent part of Roxbury, Center Street runs through the middle of an area bounded by Heath Street on the north, Green Street on the south, South Huntington Avenue on the east, and Walnut Street on the west. This is an area which includes the Bromley-Heath Housing Project. The Spanish-speaking here are mainly Cuban with a sprinkling of Puerto Ricans.

In Allston-Brighton, the Spanish-speaking area which is inhabited by Cubans, Columbians, Bolivians, etc., is bounded on the north by the railroad, on the south by Commonwealth Avenue, on the east by Babcock Street, and on the west by Union Square.

Areas which have considerable Spanish-speaking population have been shown on a map which is enclosed with this report.

The map was drawn by inquiring from a great many Spanish-speaking community people and the staff of agencies as to where they knew that Puerto Ricans, Cubans, etc., lived in numbers sufficient to be apparent as one walked through a street. Although this is not a very clear definition, it does give some indication to agencies about the streets in their service areas where Spanish-speaking people will be noticeable to their neighbors. The map was also checked by a Puerto Rican taxi-driver. Some indication is given on the map of those areas where the concentration is heaviest.

It can be seen from the map that there are heavy concentrations of Spanish-speaking people in the following wards and precincts:

1) Ward 21, Precincts 3,4,5 & 7 (all in Brighton-Allston area).

2) Ward 9, Precincts 1 & 2; Ward 3, Precinct 9 (all in the vicinity of the South End).

3) Ward 10, Precincts 6 & 7 (at the merging of Jamaica Plain & Roxbury; mostly Cubans), and to a lesser extent in Ward 10, Precincts 4,5 & 8.

4) Ward 8, Precincts 7,8 & 9; Ward 13, Precincts 1,2 & 4 (all in Roxbury-North Dorchester area).

5) Ward 13, Precinct 11 (Columbia Pt., approx. 90 Spanish-speaking families).

6) Ward 6, Precincts 1,2 & 3 (South Boston, approx. 110 families).

Translated into terms of service agencies this means that there are considerable numbers of Spanish-speaking people.

1) In the following school districts:

South End -- Mackey School, Hurley School
South Boston -- Norcross School, Dever School
Roxbury -- Emerson School, Tobin School
Dorchester -- Winthrop School
Allston-Brighton -- Mendell School
Jamaica Plain -- Kennedy School

2) Around the following hospitals:

Boston City Hospital
New England Medical Center
St. Elizabeth's Hospital
St. Margaret's Hospital
University Hospital
(Also in the service area of the Children's Medical Center)

3) In the following Public Welfare districts:

Church Street
Hancock Street
Roxbury Crossing
Grove Hall (probably)

4) In the following APAC districts:

Brighton-Allston
Columbia Point
Dorchester
Jamaica Plain
Roxbury
South Boston
South End

5) In the following Little City Hall districts:

Allston-Brighton
Fields Corner
Jamaica Plain
Roxbury
South Boston
South End

6) In the following Catholic parishes:

Holy Cross Cathedral (South End)
St. Patrick's (Roxbury)
St. Paul's (Dorchester)
Blessed Sacrament (Jamaica Plain)
St. Anthony's (Allston)
St. Augustine's (South Boston)
St. Columbkille's (Brighton)

7) In areas 3,4, 5 of the Model Cities Neighborhood.

Important Issues and Program Concerns

The Roxbury-North Dorchester Area

This area seems to have a number of Spanish-speaking people, mainly Puerto Rican, which is equal to or greater than the number in the South End, and appears to be growing faster. It has fewer agencies with Spanish-speaking programs and no purely Spanish agency, although the manpower and employment programs may be better in this neighborhood than elsewhere in the City.

Existing agencies such as the Roxbury Federation of Neighborhood Centers, Roxbury Multi-Service Center, Dennison House, Model Cities, St. Margaret's Hospital, St. Patrick's and St. Paul's churches, and Roxbury APAC might consider either starting new programs for the Spanish-speaking, expanding those they already have, or hiring Spanish-speaking staff for some of their regular programs.

Consideration should be given to having one purely or largely Spanish agency set up in this area to concentrate on general social service information and referrals, education (adult & child), counter-truancy measures, community organization, and possibly to act as a training center for Spanish-speaking paraprofessionals and community leaders.

Education

Studies show that Puerto Rican families have large numbers of children, and that in Boston these children are now concentrated in the pre-school and 6 to 12 year-old brackets. (See Appendix "B")

There is an extremely high truancy rate and an extremely high drop-out rate after the age of 13. Less than 300 Spanish-speaking pupils were reported to be in the Public or Parochial High Schools in April 1969. Of these, the majority were in Junior High, and many were believed to be Cubans.

There is evidence that a great many Puerto Rican children of school-age were not enrolled in school this year.

Parents are in many cases illiterate or of very limited education in Spanish.

The present English as a Second Language Program and the New School for Immigrants in the Boston Public School System were criticized by many people who were interviewed.

Children who started their education in Puerto Rican or Cuban schools are apt to be delayed two years, and in some cases, forget concepts already learned in Spanish while they are painfully picking up enough English to follow classes conducted purely in English.

All this seems to indicate a Spanish-speaking population explosion very shortly in the schools. Given this circumstance, the present structure of the school programs, not being geared to the special needs of the Spanish-speaking, may produce a large number of teenage drop-outs within the next three or four years. This can be expected to contribute to Spanish juvenile delinquency and unemployment problems which have now barely emerged.

A major effort should be made to catch and educate the next wave of impending Spanish-speaking school drop-outs, i.e., the 10 to 14 year-olds, perhaps in a transitional school where general education would be given in Spanish until the pupils learn enough English to profit by classes conducted in English. (A proposal for such a school is now being drawn up by the Educational Development Center, Pilot Communities Program.)

Puerto Rican attendance officers, case aides, aides to guidance counsellors or mobile teacher aides (possible under the supervision of the English as a Second Language Department) should be employed in school districts known to have large numbers of Spanish-speaking children. (See page no. 5 and Appendix "C".) If there were a probability of final assimilation into the school system these might be paid under the New Careers Program for the first year. These people might be used to identify Spanish-speaking children not in school; to convince the parents of the need for school; to remove obstacles to school attendance; to refer parents or children to other social agencies where necessary; and to act as links between parents and teachers. They might also arrange for tutoring, and possibly act as tutors themselves.

The very small number of Puerto Rican students in high school at present might be screened and evaluated for college or job potential and given any type of tutoring, counselling or scholarship help necessary to assist them to a good start in adult life, and to convince younger students of the value of completing high school. The Massachusetts Rehabilitation Commission might be interested in members of this group with a language-related vocational disability, since the Federal Government now accepts a much wider interpretation of what constitutes a vocational handicap.

If the above suggestions cannot be formally implemented within the school system, all health, education, and welfare agencies in Spanish-speaking areas should be cognizant of the need for such services and encouraged to carry them out as far as possible in cooperation with the schools.

Evidence exists that the language barrier can most easily be overcome at the pre-school age.

Since Spanish-speaking children also are reported to adjust easily in Headstart Programs, consideration might be given to the following:

1. Increasing the involvement of Spanish-speaking children in Headstart above the present four percent.

2. Investigating other pre-school programs such as the Accion School, Public Kindergartens, Day Care Centers, and play groups, to evaluate their suitability for Spanish-speaking children. Some voluntary agencies might be interested in developing less extensive part-time, pre-school activities for the Spanish-speaking.

3. Providing Spanish-speaking staff to convince parents that pre-school programs would be both safe and beneficial for their children. In parent-contact programs it should be born in mind that many Puerto Rican fathers appear to take a warm interest in their children and this strength can be utilized.

The principals of all schools in Spanish-speaking areas should be alerted to the fact that there are a large number of these children in their districts, and that the truancy rate is high. Staff of schools, including attendance officers and guidance counselors, might be given some orientation to the particular culture of this group and their special educational problems. Also, principals should be aware that many Puerto Rican parents complain of racial prejudice against their children by both black and white students. Being smaller than the average black or white pupil of the same age, Puerto Rican children are more easily victims of bullying in school or on the way to or from school, a factor which contributes to the truancy rate. In some districts, special arrangements may be necessary to deal with this.

There seems to be some doubt as to whether Cuban and other non-U.S. citizens can be certified to teach in the Boston Public School system. If they can be so certified, there are said to be trained teachers in the Cuban community who might be suitable for teaching in the English as a Second Language Program or in a transitional school.

Adult education. Many Cubans are handicapped in finding jobs by their inability to speak English. In addition to this problem, many of Boston's Puerto Ricans coming from rural areas have received little education and are illiterate in Spanish. Adult Education programs seem to have limited appeal to the Puerto Ricans, and many Cubans complain that they are unable to learn English in the Adult Education programs currently provided in Boston. There is a need to conduct a study to determine the best methods of teaching English and functional literacy to Spanish adults -- particularly work-oriented English.

Health

Health problems are reported as looming large in the lives of both Puerto Ricans and Cubans. Puerto Ricans suffer almost universally from intestinal parasites on arrival from Puerto Rico. They have a high

incidence of asthma, and statistics for TB seem higher than the normal rate for Boston. Spanish-speaking people have particular difficulties in making their needs understood to hospital personnel and at Well-Baby clinics, etc. This problem of translation is sometimes an invisible one since children are taken out of school and men take days off from work to translate for their friends and relatives. They use the outpatient clinics of the City Hospital very heavily, and to some extent, the Children's Hospital. The Massachusetts General Hospital, the New England Medical Center, and St. Elizabeth's have some Spanish-speaking patients. Cubans are said to prefer the voluntary hospitals when they can afford them. The clinics most heavily patronized seem to be the pediatric clinics, obstetrics, and gynecology, and general medical. There is also some use of emergency wards for accidents, etc. There is some evidence that Puerto Ricans do not use health services to the extent that they need to. In some cases this appears to be fear of the unknown, and in some cases the language barrier, and in some cases because the women traditionally do not like to be seen by a male doctor.

In hospitals and other health services frequently used by Spanish-speaking people, such as Maternal and Infant Care programs, there is a real need for interpreters, even though some of these patients may appear to be able to supply their own interpreter. It should also be noted that female interpreters may be seen as more desirable than men in cases involving women. There may be a need for Spanish-speaking staff (indigenous case aides perhaps) to be employed in follow-up, and perhaps in case finding as well.

The following subjects relating to health problems need further investigation:

1) Is the usual Puerto Rican diet (consisting largely of rice and beans) nutritionally adequate? This seems to be a question on which health personnel differ, and it would be a good subject for a thesis by a student dietician. If this diet proved to be inadequate, there would be a need for Spanish-speaking nutrition workers. These people could discuss diet with pregnant women and mothers of infant children in MIC and Y Programs, or on referral by school nurses, social agencies, etc.

2) Is it possible to screen all in-migrating Puerto Ricans and begin immediate medical treatment for those with intestinal parasites?

3) Although there are birth control clinics in both the City Hospital and the New England Medical Center which are patronized by Spanish-speaking people, it is not known how much they are used, or how much cultural or religious factors prevent their use.

4) The Maternal and Infant Care Program (MIC) and its companion Youth Program seem particularly suited to the needs of the Puerto Ricans because of the continuity of pre-natal, post-natal, and pediatric care, and the availability of extra social services. However, it is not known whether Puerto Rican women use these programs as much as possible where they are available, and whether these programs have Spanish-speaking staff. Is the State Department of Public Health still giving consideration to the proposal for developing an MIC Program in the heavily Puerto Rican Roxbury-North Dorchester area which has the highest live birth rate in the City of Boston and a rising infant mortality rate?

Mental Health

There is little substantial knowledge about the mental health needs of the Spanish-speaking. Some observers wonder whether the retardation rate among Puerto Rican children is higher than among other children. If this is so, is it related to the lack of pre-natal care, in-breeding in small villages, diet of mother, lack of medical care at birth in Puerto Rico, or other preventible factors? Is some type of preventive program needed in this area?

Investigation of the mental health of the Spanish-speaking seems necessary to determine what needs exist and how to meet these needs. Some experienced social workers and educators think there is considerable emotional disturbance among the Spanish-speaking, with both adults and children. No Spanish-speaking mental health program has been discovered, although one may exist. The Spanish-speaking psychiatrist at Boston City Hospital is used for English-speaking, as well as Spanish-speaking, cases and mainly for the evaluation of Welfare Disability cases rather than for treatment. The University Hospital Community Mental Health and Retardation Center might perhaps be interested in making such an inquiry since a large proportion of Boston's Puerto Rican population lives within their service area.

Puerto Rican families arriving in Boston must contend with many problems: different customs in the mainland U.S.A.; the language barrier; cultural shock; disorganization of family relationships through unemployment of the man; and poor housing. As a result of these stresses, normal families may tend to become chronic multi-problem families. If this is so, it would indicate either a recommendation to try to avert migration (i.e. by giving extra Federal help to Puerto Rico), or a recommendation for more constructive social services to new imigrants to try to achieve better orientation to the new environment as a mental health preventive measure.

No investigation of drug addiction was made, but this is known to exist as a problem among the Spanish-speaking teen-agers, to some extent perhaps more in the South End than in other areas.

Housing

Poor housing and low income are two of the major problems of the Puerto Ricans, and many wish to get into Public Housing. However, although Puerto Ricans are thought to number from 7 to 10 percent of Boston's poor, they occupy less than 2 percent of Boston's Public Housing, and constituted only 5 percent of those families admitted to Public Housing in 1968. In only three developments do they occupy as many as 5 percent of the housing units, and in none do they occupy as much as 10 percent.

Although there is no evidence of discrimination against Puerto Ricans in the Tenant Selection Department of the Boston Housing Authority, the complicated written admissions procedure (relying heavily on form letters in English) has until now made it almost impossible for a Puerto Rican to get into Public Housing without the active intervention and continuing assistance of a social worker, priest, etc. This spring, the Boston Housing Authority was seeking a Spanish-speaking staff-member for the Tenant Selection Department. A previous Spanish-speaking staff member was employed mainly on home visits to report the condition of the applicants' present housing. A competent and versatile Spanish-speaking staff members appears to be needed in the Tenant Selection Department to handle home visits, explain procedures, initiate and follow-up applications. He might also alert the Tenant Relations Department when a Spanish-speaking family is about to be admitted to a housing project so that efforts could be made to help them settle in.

Several knowledgeable observers have suggested that it would be wise to assign a Spanish-speaking management aide on a roving basis to assist new tenants when they move into a housing project which lacks Spanish-speaking staff and refer them, if necessary, to the nearest Spanish-speaking worker.

It is believed that housing forms are being translated into Spanish and will soon be routinely available. This will be a great help to applicants and accepted tenants.

Because of the large size of many Puerto Rican families, it is necessary to increase the number of available 4,5 & 6 bedroom apartments. In order to increase the proportion of Spanish-speaking tenants, larger apartments should be made available in housing projects and in leased housing.

Puerto Ricans presently constitute 20 percent of the South End population, but occupy only 9 percent of the housing units in the Cathedral development. In view of this, since Puerto Ricans greatly desire to be admitted to this project, could extra consideration be given to Puerto Rican families as vacancies occur there?

Fair Housing, Inc. has an excellent reputation for finding housing (both public and private) for low-income families. Would it be possible for this agency (perhaps with financial assistance from UCS, ABCD, Model Cities, or some other agency with planning responsibilities

which include Puerto Ricans) to employ a Spanish-speaking worker to concentrate on Puerto Ricans? Alternatively, other agencies such as Roxbury Multi-Service Center and SNAP or ETC which have home-finding programs might perhaps wish to expand their services to Puerto Ricans. Another alternative would be for one of the Spanish-speaking agencies such as APCROSS or the Cardinal Cushing Center to devote more of its resources to a really comprehensive city-wide housing program for its members.

Employment

Employment constitutes a serious problem area for Puerto Ricans:

-- their unemployment rate is very high;

-- when employed they tend to get low-paying jobs in which, since they are apt to have large families, they often earn less than they would get on welfare if unemployed;

-- there is some evidence that prolonged unemployment of the man has a detrimental effect on their family relationships and value system in some cases.

Training programs for higher paid jobs generally require that the trainee either speaks English, is literate in Spanish, or both. Requirements which many Puerto Ricans cannot meet. Counselling and also follow-up after job-finding seems weak in many manpower programs.

It proved impossible in this study to evaluate the various manpower, job-finding, and training programs of ABCD, APCROSS, SEMCO, Urban League, DES, OIC, and Model Cities, etc. However, in view of the seriousness of a poverty employment situation which probably affects thousands of Puerto Ricans in Boston every year, perhaps some agency (Public Welfare, Dept. of Labor) might make an objective study of the comparative effectiveness, size, and suitability for the needs of Puerto Ricans of the various programs now in operation or planned. Hopefully, such a study might come up with concrete recommendations for a workable program of realistic size.

Public Welfare

Puerto Ricans are frequent receipients of public assistance because of high unemployment rates, low earning capacity, and large families. Large families with working fathers sometimes need supplemental grants. In March 1969, the Boston Department of Public Welfare had 1,019 Spanish-speaking clients on its AFDC rolls (5.8% of the total caseload). The Welfare Department has recently hired more Spanish-speaking workers, but the caseloads of workers still seem high. The Spanish-speaking family

generally needs far more attention than the usual family because the language barrier makes it necessary for the worker to help them with a great many things which English-speaking clients can cope with themselves.

Spanish-speaking welfare workers need to have smaller caseloads than other AFDC workers in order to have time to do an adequate job. Alternatively, case aides, volunteers, or clerks might be provided to assist Spanish-speaking workers with some of the routine or time-consuming jobs, and enable the caseworkers to use their time as constructively as possible. Perhaps Spanish-speaking case aides might be obtained from among the more intelligent clients under some of the Federal Welfare provisions.

Still another possibility would be to use those Spanish-speaking workers who now have partially English-speaking caseloads to "float" and serve isolated Spanish-speaking families in other districts.

The following situation was not fully investigated but seems to be an important underlying problem.

Public Welfare grants in Puerto Rico appear to be well below subsistance level. In fact, as far as can be ascertained, the same case would get a grant in Puerto Rico about one-sixth of that which is payable in Massachusetts. It is felt that this situation may encourage a certain amount of migration from Puerto Rico to the nearby eastern seaboard states.

Is the Federal subsidy to Puerto Rican public welfare very much lower than those to other states in the United States? If so, is this because Puerto Rico is not a full state, or because of the formula used for matching grants?

Would the proposed Federal plan for equalizing welfare payments between states apply to Puerto Rico, too? If so, would there be value in joint efforts by mayors and Public Welfare officials of those cities and states (such as New York, Chicago, Detroit, New Jersey, Philadelphia, etc.), which have similar problems regarding welfare to the Spanish-speaking, to pressure the Federal government for equalized welfare rates in all states, and/or a differential appropriation to Puerto Rico to enable it to approximate its welfare payments to those of nearby states?

Even if the above was found not to be feasible, the getting together of welfare officials in cities which have a large number of Puerto Ricans might lead to the discovery of those programs which have been successful and deserve repetion elsewhere.

Spanish-Speaking Staff

Agencies with a permanent caseload or flow of Spanish-speaking clients, such as the Welfare Department, the Housing Authority, the

Catholic Church, the School Department, and some hospitals, Well-Baby clinics, and manpower programs appear to need in most cases a larger Spanish-speaking staff to deal with the problem in an effective manner.

It would seem very helpful if case aides, preferably with transportation, could be maintained by some central agency to assist agencies too small to have Spanish-speaking staff of their own, and to help clients with multiple problems negotiate the combination of systems they have to deal with. These should be carefully trained and supervised in the central agencies, and possibly form a pool from which other agencies could hire future trained staff members.

Agencies whose service areas fall in places listed with significant Spanish-speaking residents might wish to consider whether they should hire a Spanish-speaking staff member or develop programs for this group if they have not already done so.

Agencies with Spanish-speaking staff might check that these are being used to best advantage. In several agencies some Spanish-speaking staff members appear to be under-utilized while there are still unmet needs among Spanish-speaking clients or other staff are being overworked.

Credit Union. The Dorchester Dudley Credit Union appears both to be financially successful and to serve Puerto Rican members. Perhaps, the reasons for this success should be looked at in case similar methods could be used to help Puerto Ricans in other areas.

Appendix A

Involvement of the Spanish-Speaking In Boston's Private Social Service Programs

Action for Boston Community Development's Program Resources Survey of which these preliminary results are a part is based on a survey of about 160 private social service agencies and 23 State and City departments made during late 1967 and throughout 1968. This survey was designed to include every private and public agency that provided services to the residents of Boston during this period, and generated extensive information on over 500 separate activities conducted by these agencies. This information is being analyzed to determine the extent and intensity of every type of social service available in Boston, the locations from which services are provided, the neighborhoods that are served, the characteristics of those who are served, and the allocation of resources to meet the needs of all residents of Boston. The following is a preliminary analysis of the information provided by private, non-profit agencies alone.

Programs Designed to Meet Specific Needs of the Spanish-Speaking

Of the 376 programs of all types reported by the 130 private agencies included in this analysis, only seven were intended primarily to serve the needs of the Spanish-speaking. These programs, conducted by three agencies in the South End, served 4,050 in 1967, nearly all of whom were Spanish-speaking; however, only 28 percent were preported to be low-income families or individuals.* These programs were in the areas of education and acculturation, ethnically-oriented group work, and refugee relief; their combined budgets amounted to only 0.3 percent of all that spent by private social service agencies in 1967.

The obvious omissions in this area are of programs designed for meaningful economic advancement, such as manpower training or job development, and for the improvement of the environment faced by the Spanish-speaking, such as health and housing improvement. The seven programs considered here are conducted by agencies which are themselves oriented towards meeting the needs of the Spanish-speaking. No programs designed especially for the Spanish-speaking are run by conventional private agencies, although most will include Spanish-speakers if the individual is able to function in a program conducted in English.

Other Private Social Service Programs

Of the 369 remaining private social service programs of all

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*According to the EOE guideline of $3,300 for a family of four, etc.
Source: ABCD Planning & Evaluation Department, Jan. 24, 1969.

types, 128 reported some degree of Spanish-speaking involvement in their clientele. However, 91 of these reported that Spanish-speakers constituted less than five percent of their service population. Of the 37 remaining programs that were reported to have a substantial involvement of the Spanish-speaking, most were educational and several were concerned with providing counseling and casework services. Only one manpower and one health service program were reported to involve substantial numbers of Spanish-speakers. The majority of these served, as expected, were served by programs operating in the South End. The 9,813 Spanish-speakers served in all programs constituted only four percent of all those served by private agencies in 1968.

Appendix B

Comparative Table of Statistics from Different Studies of Spanish-Speaking People in Boston

	Economic Status		Heads of Households		Family Composition	
	Unemployed Male Heads of Households	Family on Welfare	Percent Male Headed	Median Age of Parents	Children	Household Size
BRA Study (South End 1966-67) First 500 Families Relocated by South End Urban Renewal:				majority	median age for all children less than 19:	5.2 persons ave. for all Puerto Rican families in study
29 Puerto Rican Households-----	27%	57%)	74%	20-29 yrs.	5.5 yrs.	47% w/ 4 or more children
327 Black Households----------	6%	36%)	54%	----------	7.0 yrs.	17% w/ 4 or more children
80 White Households----------	3%	37%)	---	----------	11.0 yrs.	11% w/ 4 or more children
Child Population Census (South End - 1968)	*	*	*	*	Age: 1-6 / 7-12 / 13-18 Sp.-Sp.: 50% / 31% / 17% Black: 40% / 35% / 22% White: 43% / 35% / 22%	Age groups as percentage of each ethnic group (row totals less than 100% due to incomplete data).
Boston Housing Authority Public Housing Applicants (Boston 1968) 325 Puerto Rican families applying for public housing	*	*	*	33 yrs. average	*	94% had children Of these: 33% had 4 or more 25% had 5 or more
Sister Frances Georgia (South Boston - 1969) Study of 50 Puerto Rican families	*	*	74%	*	36.9% under 5 yrs. 7.0% 16-19 yrs.	Of households w/ children in Public School 4.8 children per family
Summer Migrant Survey (South End - 1968)	41%	*	*	*	35.0% under 5 yrs. 75.0% under 12 yrs.	Of households including bachelors as households 3.6 children per family
Teruel Honor Thesis (South End - 1966) 49 families	28% (fathers)	38.8%	59.2%	21-30 yrs. males - 59% females 69%	77.7% under 10 yrs. 22.0% under 11-20 yrs. none over 20 yrs.	79.5% households had children; of these there was an average of 3.7 children per family

* Comparable data not included in the study.

Appendix C

Number of Spanish-Speaking Pupils

In Boston Public Schools as of April 1969

Area I	
Abraham Lincoln School	34
Dearborn School	31
Albert Palmer School	11
Dearborn Annex	6
Donald McKay School	27
Joseph J. Hurley School	159
Joshua Bates School	10
Michelangelo School	23
Prince School	--
Charles C. Perkins School	3
Martin Milmore School	1
Peter Faneuil School	3
Charles E. Mackey School	95
George Bancroft School	75
John J. Williams School	70
Theodore Lyman School	--
James Otis School	1
East Boston High School	2
Trade High School for Girls	2
Area I Total	553

Area II	
Bigelow School	26
Edward Everett School	6
John Lothrop Hotley School	2
Thomas Hart School	1
Benjamin Dean School	1
Ralph Waldo Emerson School	89
Samuel W. Mason Schhol	89
John A. Andrew School	3
John Boyle O'Reilly School	3
Michael J. Perkins School	12
John Winthrop School	70
Nathaniel Hawthorne School	81
Benedict Fenwick School	32
George Frisbie Hoar School	81
Paul A. Dever School	35
William E. Russell School	17
Roger Clap School	12
John W. McCormack School	50
Patrick F. Gavin Junior High	6
Girls' High School	9
South Boston High School	2
Area II Total	627

Area III	
Christopher Gibson School	2
Emily A. Fifield School	2
John G. Whittier School	9
John Marshall School	12
Florence Nightingale School	1
Champlain School	4
Patrick O'Hearn School	--
Rochambeau School	10
Mather School	8
Edward Southworth School	1
Frank V. Thompson School	2
Grover Cleveland Junior High	1
Oliver Wendell Holmes Junior High	5
Woodrow Wilson Junior High	3
James P. Timilty Junior High	5
Area III Total	65

Area IV	
James J. Chittick School	1
Robert Treat Paine School	9
Audubon School	3
Charles Summer School	--
George H. Conley School	12
Roger Wolcott School	27
Pauline Agassiz Shaw	11
William Bradford School	11
Charles H. Taylor School	1
Solomon Lewenberg Junior High	1
William Barton Rogers Junion High	1
Jeremiah E. Burke High School	24
Dorchester High School	24
Greenwood School	--
Area IV	125

APPENDIX D -- HEALTH STATISTICS

A. City Hospital Injury Morbidity Study

Of 5,280 admitted to Boston City Hospital Emergency Ward in a six-week period (Nov. to Dec. 1968) 133 or 2.5% were Puerto Ricans.

B. City Hospital Pediatric Department Study (Feb. 3 to Feb. 7, 1969)

	Spanish-speaking	Pct.	Other	Pct.	Total	Pct.
Pediatric In-Patient Admissions----------	7	20.0%	28	80.0%	35	100%
Pediatric Out-Patient---------	68	17.0%	336	83.0%	404	100%
Pediatric Accident Floor----------	43	16.0%	229	84.0%	272	100%
Total for Pediatric Department----------	118	16.5%	593	83.5%	711	100%

Note: 16.5% of the total caseload were Puerto Ricans.

C. City Hospital Out-Patient Study

Of 1,803 new patients admitted to Boston City Hospital Out-Patient Department, January to March 1969, 306 or 16.9% were of Spanish-speaking descent:

-- 192 were born in Puerto Rico;
-- 42 were born in Boston of Puerto Rican parents;
-- 72 were born in other Spanish-speaking countries.

The average time in Boston for those born in Puerto Rico was 19.6 months.

D. Boston Department of Health & Hospitals, Tuberculosis Division of South South End Health Unit reports (March 1969) 28.6% of cases in register to be of Spanish-speaking descent.

E. Boston Department of Health & Hospitals, Community Health Services, reports (March 1969) Spanish-speaking patients in 7 out of 13 Well-Baby Clinics.

Area	Spanish-Speaking Staff	Spanish-Speaking Caseload*
Bromley-Heath	1 Spanish-speaking case aide 1 nurse taking BCH course	80-90 families active (some Cubans)
Savin Street	5 nurses taking BCH course	10% to 15%
Harvard Street	2 nurses have taken BCH course	10% (approximately)
Whittier Street	3 nurses taking BCH course	5% to 8% (increasing)
South Boston	2 nurses have taken BCH course	6% to 8%
Codman Square	1 nurse has taken BCH course	5% or less
South End	1 Spanish-speaking TB worker 1 Spanish-speaking case aide 4 nurses have taken BCH course	30% or more

*Supervisors' estimates.

Note: Boston City Hospital provides free Spanish course for staff

F. Childrens Hospital Medical Center Study of Spanish-speaking patients, April 21-April 29, 1969*

Total Spanish-speaking patients = 64

*April 21 was a legal holiday, no out-patient clinics were open, presumably reducing the total.

Caseload Breakdown:

Emergency Clinic areas	33
Out-Patient Clinics	31
In-Patients	none

Geographic Distribution of Patients:

Allston	1	Mattapan	1
Boston	6	Roslindale	1
Dorchester	20	Roxbury	18
Hyde Park	3	East Boston	2
Jamaica Plain	12		

Note: Roxbury, Dorchester, Jamaica Plain account for 78% of the total. No patients were from Brighton, Charlestown, South Boston or West Roxbury. (However, it is known that some patients are from South Boston.)

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Addition to Appendix C

Number of Spanish-Speaking Pupils In

Boston Public Schools as of April 1965 - Cont.

Area V		Area VI	
Agassiz School	--	Dudley-Dillaway District)	
Bowditch School	13	Dillaway School)	19
Fraces Parkman School	13	William Bacon School)	
David A. Ellis School	--	Thomas Gardner School	
Academy Hill School	10	David Barrett School)	22
John F. Kennedy School)	131	Jefferson School)	
Wyman School)		Charles Bulfinch School	13
Longfellow School	14	Maurice J. Tobin School	56
Phineas Bates School	1	Farragut School	26
Mary E. Curley Junior High School	21	Ellis Mendell School)	
Washington Irving Junior High School	2	Margaret Fuller School)	151
Jamaica Plain High School	12	Theodore Roosevelt School)	
Roslindale High School	1	Allan School	7
		Washington-Allston School	53
Area V Total	219	William Howard Taft Elem. School	24
		Com. Project--Kindergarten	3
		William Howard Taft Jr. High	1
		Boston Trade High School	15
		Brighton High School	32
		English High School	87
		Area VI Total	511